

**MAR 31 2010**

JULIE BUSTAMANTE  
LASSEN COUNTY CLERK

By JPCC Deputy

Please type or print in ink

By

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
CHAPMAN	JIM			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
LASSEN COUNTY BOARD OF SUPERVISORS

Division, Board, District, if applicable:  
DISTRICT 2

Your Position:  
MEMBER

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: see attached list from County Clerk's office

Position: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☒ Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☒ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☐ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

**-or-**

☐ No reportable interests on any schedule

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of LASSEN

☐ City of \_\_\_\_\_

☒ Multi-County Exec Bd PSA2, Area Agency on Aging

☒ Other Lassen-Plum-Sierra Com Action Agency JPA

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 1, 2010  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)

JIM CHAPMAN  
DISTRICT 2 SUPERVISOR

LASSEN COUNTY MENTAL HEALTH ADVISORY BOARD  
LASSEN-PLUMAS-SIERRA COMMUNITY ACTION AGENCY  
LASSEN COUNTY TRANSPORTATION COMMISSION  
SUSANVILLE VETERANS MEMORIAL BLDG TASK FORCE  
TRANSIT UTILIZATION & PERFORMANCE COMMITTEE  
LOCAL AGENCY FORMATION COMMISSION (LAFCO)  
PSA II  
LASSEN TRANSIT SERVICE AGENCY  
ABANDONED VEHICLE ABATEMENT SERVICE AUTHORITY  
HWY 36 TOWN HILL SAFETY TASK FORCE  
INDIAN GAMING LOCAL COMMUNITY BENEFIT

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name  <b>JIM CHAPMAN</b>

**▶ 1. BUSINESS ENTITY OR TRUST**

**LASSEN ADDRESSING SERVICE**

Name

**203 MAPLE ST, SUSANVILLE, CA 96130**

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**MAILING & COPYING SERVICES**

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

attached list of accounts showing sources of revenue in excess of \$500.

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

n/a

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining

☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09    \_\_\_\_/\_\_\_\_/09  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining

☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

File	CLIENT				TOTAL INVOICES
01-41	American Legion #204				\$560.37
01-42	Lassen High Alumni Assn				\$3,878.35
02-11	Billington Ace Hardware				\$2,678.24
03-11	Carol Curry CPA				\$2,835.33
03-42	Lassen County Cattlewomen				\$641.16
03-43	CRTA Chapter #76				\$1,730.22
03-44	Chester-Lake Almanor Chamber				\$1,128.96
04-11	D & L Distributing				\$1,351.29
05-41	BPO Elks #1487				\$4,470.28
12-11	LP Gas				\$2,614.71
12-31	Lahontan Images				\$1,730.84
12-43	Lassen County Chamber of Commerce				\$9,018.51
12-45	LUHS District Office				\$694.50
13-11	Morning Glory Dairy				\$642.99
14-11	New Image Racquetball				\$1,406.58
19-31	Susanville Supermarket				\$1,800.74
19-45	Susanville Symphony				\$17,102.11
	<i>Accounts Over \$500.00</i>				\$54,285.18
	<i>Accounts Under \$500.00</i>				\$6,962.03
	<b>BUSINESS REVENUES for Jan 1, 2009-Dec 31,2009</b>				<b>\$61,247.21</b>

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  <b>JIM CHAPMAN</b>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

**LASSEN ADDRESSING SERVICE**

ADDRESS (Business Address Acceptable)

**203 MAPLE ST, SUSANVILLE, CA 96130**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**MAILING & COPYING SERVICES**

YOUR BUSINESS POSITION

**OWNER**

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other **Draws**  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_ City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_